O THE (	JL FACULTY SCHOLARSHIP AND SOCIAL C			
AM AP	PLYING FOR SOCIAL BENEFITS AT THE			STUDY PROGRAMME
Å	APPLICATION FOR THE ACA	DEMIC YEAR	20/20	D
	maintenance scholarship*			
uardia	nship of an institution or a family for ather's, or residing at the University	ster care arrangem	ent, possessing a b	rphan or semi-orphan, being under the pirth certificate with the mother's name inste
	DETAILS:		FIRST NAME	
		ET, HOUSE NUMBER, APARTMEI		
NTA	CT PHONE:	E-MA	from the Usos university dome	ain
SEI	STU	JDY YFAR:		REGISTER NO.
		<b> </b>	• • • • • • • • • • • • • • • • • • • •	REGISTER NO
<b>/PES (</b> k as appr	DF STUDIES*: - Bachelor's degr	ee - Master's de	egree - Unij	form master's degree - Doctoral degr
<b>PES (</b> k as appr	OF STUDIES*: - Bachelor's degr	ee - Master's de	egree - Unij	
<b>PES (</b> k as appr ECLARI	DF STUDIES*: - Bachelor's degr	ee - Master's de	egree - Unij	
PES ( k as appr ECLARI	OF STUDIES*: - Bachelor's degra opriate E THAT MY FAMILY, REMAINING IN A JOINT HOU	ee - Master's de USEHOLD, CONSISTS OF:	egree - Unij	form master's degree - Doctoral degr  Employment or other forms of livelihood,
'PES ( k as appr ECLARI	OF STUDIES*: - Bachelor's degra opriate E THAT MY FAMILY, REMAINING IN A JOINT HOU	ee - Master's de USEHOLD, CONSISTS OF:	egree - Unij Blood relationship	form master's degree - Doctoral degr  Employment or other forms of livelihood,
<b>PES (</b> k as appr ECLARI	OF STUDIES*: - Bachelor's degra opriate E THAT MY FAMILY, REMAINING IN A JOINT HOU	ee - Master's de USEHOLD, CONSISTS OF:	egree - Unij Blood relationship	form master's degree - Doctoral degr  Employment or other forms of livelihood,
PES ( k as appr ECLARI	OF STUDIES*: - Bachelor's degra opriate E THAT MY FAMILY, REMAINING IN A JOINT HOU	ee - Master's de USEHOLD, CONSISTS OF:	egree - Unij Blood relationship	form master's degree - Doctoral degr  Employment or other forms of livelihood,
<b>PES (</b> k as appr ECLARI	OF STUDIES*: - Bachelor's degra opriate E THAT MY FAMILY, REMAINING IN A JOINT HOU	ee - Master's de USEHOLD, CONSISTS OF:	egree - Unij Blood relationship	form master's degree - Doctoral degr  Employment or other forms of livelihood,
<b>PES (</b> k as appr ECLARI	OF STUDIES*: - Bachelor's degra opriate E THAT MY FAMILY, REMAINING IN A JOINT HOU	ee - Master's de USEHOLD, CONSISTS OF:	egree - Unij Blood relationship	form master's degree - Doctoral degr  Employment or other forms of livelihood,
<b>/PES (</b> k as appr	OF STUDIES*: - Bachelor's degra opriate E THAT MY FAMILY, REMAINING IN A JOINT HOU	ee - Master's de USEHOLD, CONSISTS OF:	egree - Unij Blood relationship	form master's degree - Doctoral degr  Employment or other forms of livelihood,
<b>PES (</b> k as appr ECLARI	OF STUDIES*: - Bachelor's degrate E THAT MY FAMILY, REMAINING IN A JOINT HOLE First and last name	ee - Master's de USEHOLD, CONSISTS OF:  Year of birth	Blood relationship applicant	Employment or other forms of livelihood, Sibling's school
PES ( k as appr ECLARI	OF STUDIES*: - Bachelor's degra opriate E THAT MY FAMILY, REMAINING IN A JOINT HOU	ee - Master's de USEHOLD, CONSISTS OF:  Year of birth	Blood relationship applicant	form master's degree - Doctoral degr  Employment or other forms of livelihood,
<b>PES (</b> k as appr ECLARI	OF STUDIES*: - Bachelor's degral opriate E THAT MY FAMILY, REMAINING IN A JOINT HOLE First and last name  AVERAGE MONTHLY N	ee - Master's de USEHOLD, CONSISTS OF:  Year of birth	Blood relationship applicant  TUDENT'S FAMILY	Employment or other forms of livelihood, Sibling's school
PES (c) k as appropriate the control of the control	OF STUDIES*: - Bachelor's degral opriate E THAT MY FAMILY, REMAINING IN A JOINT HOLE First and last name  AVERAGE MONTHLY N	Year of birth  SET INCOME IN THE STATES  HLY NET INCOME PER	Blood relationship applicant  TUDENT'S FAMILY  FAMILY MEMBER	Employment or other forms of livelihood, Sibling's school  PLN PLN

BANK NAME AND BRANCH

## DECLARATION

Being aware of the criminal liability\* for providing false data, I declare that:

- 1. The data contained in the application and attached documents are factually correct.
- 2. I agree / do not agree \* for sending the decision electronically.

3.	I am parallelly involved in the following study programme: (give name of university, year, degree of studies and study programme) YES* NO*					
4.	I graduated: (provide all programmes completed, degree of studies and name of university) YES* NO*					
5.	I graduated from a university abroad: (provide all programmes completed, degree of studies and name of university) YES* NO*					
6.	I am / am not applying for social benefits in anotherstudy programme at the University of Lodz and or another university.					
7.	I declare that until 1.10.2023 I studied in the periods of (below enter the names of all universities and years of study)					
Th - 4-4	al number of semesters I have started at all universities to date is including:					
	semesters for first degree studies (bachelor's degree, engineering)					
	semesters for second degree studies (master's supplementary studies)					
8.	I will promptly notify the University of Lodz if circumstances arise that cause me to lose my right to continue receiving the scholarship under Article 94(1) of the Law on Higher Education and Science.					
9.	I am not a candidate for a professional soldier, a professional soldier who has commenced studies under the authorization of a competent military authority, or has received assistance according to the provisions for professional soldiers, or a student who is in candidate service as a state service officer or has initiated studies with the endorsement approval of a competent superior, and has received support under the regulations governing the service.					
10.						
11.	Should any circumstances arise that impact the content of this statement, I commit to promptly informing the Commission in writing and consent to amending or revoking the					

scholarship decision as per Article 155 of the Code of Civil Procedure.  $* mark \ as \ appropriate$ 

Article 233(1) of the Act of 6 June 1997, Penal Code (Journal of Laws of 2022, item 1138, as amended); Whoever, while giving testimony intended to serve as evidence in court proceedings or other proceedings conducted under the law, testifies untruthfully or conceals the truth, shall be subject to a penalty of imprisonment from 6 months to 8 years.

Lodz, on	
	(legible signature of student/doctoral student)

Information about the processing of personal data for family members of a person applying for a scholarship benefit at the University of Lodz

According to Article 14 of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (general data protection regulation), hereinafter "GDPR", we inform that:

- 1. The Controller of your personal data is the University of Lodz , with its registered office at ul. Narutowicza 68, 90-136 Lodz.
- 2. In any case, the Data Protection Officer may be contacted at the above-mentioned mailing address with a note: Data Protection Officer, by e-mail at: iod@uni.lodz.pl
- 3. Your personal data (as a member of the applicant's family) will be processed for the purpose of processing the application for scholarship benefits at the University of Lodz.
- 4. Your personal data are processed:
  - ) on the basis of established law, among others, the Law on Higher Education and Science and the University's internal regulations;
  - 2) because it is necessary for the performance of a task carried out in the public interest or in the exercise of public authority entrusted to the controller;
- i. The Controller will process the personal data categories mentioned in the University of Lodz Regulations on Scholarship Benefits for Students and Doctoral Students of the University of Lodz, including but not limited to your first name, last name, date of birth, and degree of relationship.
- 5. Your personal data will be processed in the case of:
  - 1) negative review of the application for a period of 5 years, and then removed;
  - 2) successful application for a period of 5 years, and then removed;
  - 3) in cases where the application is not accepted for admission or if you choose to resign from your studies, the data will be kept for 1 year and then removed.
- 7. The recipients of your personal data are those involved in the procedure related to the granting of scholarship benefits at the University of Lodz. They may also be entities authorized to obtain personal data under the law or entities to which the Controller has entrusted the processing of personal data under a contract.
- 8. You are entitled to:
  - 1) access the content of your data;

Appendix 3 to the Scholarship Regulations for the University of Lodz students and doctoral students

- 2) rectify your data when they are inconsistent with the real state of affairs;
- 3) to their erasure, limitation of processing, as well as data portability in cases provided by law;
- 4) to object to the processing of your personal data;

Data processing is based on Article 6(1)(c) and (e) of GDPR.

- 5) to lodge a complaint to the supervisory authority, which is the President of the Personal Data Protection Office, based in Warsaw at Stawki 2.
- 9. Your personal data was obtained from the person applying for the scholarship benefit at the University of Lodz.

Applicant's state	ment
I confirm that I have conveyed the contents of the information requirement as stipulated in Article 14 members of an individual applying for scholarship benefits at the University of Lodz," to the persons will be persons with the content of the persons will be persons with the content of the persons will be persons with the content of the persons will be persons with the content of the persons will be persons with the persons will be personable to the person will be person will be personable to the person will be personable to the person will be person will be personable to the person will be person will be personable to the person will be personable to the person will be	, , , , , , , , , , , , , , , , , , , ,
Lodz, on	(Applicant's legible signature)

INFORMATION ON THE DOCUMENTS TO BE ATTACHED TO THE APPLICATION IS AVAILABLE AT <a href="https://dokumentysocjalne.uni.lodz.pl/">https://dokumentysocjalne.uni.lodz.pl/</a>.